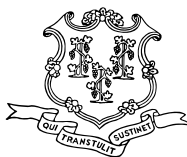


A COMPARISON OF

*Managed Care
Organizations
In Connecticut*



October 2004



Dear Health Care Consumer,

The Insurance Department is pleased to provide you with the latest edition of "Managed Care Organizations in Connecticut," a comparison guide of all Health Maintenance Organizations (HMOs) and the fifteen largest insurers that offer managed care plans in the State.

This year's edition has been updated in response to your feedback. Additional member satisfaction survey results have been included.

Choosing the right health coverage for yourself and your family can be difficult and confusing. This guide contains information concerning the organizations offering managed health care plans. Information concerning a specific plan offered by the organization can be obtained directly from the companies by calling the customer service numbers listed in the guide. In addition, a comparison worksheet is included to help you narrow your choices in making a decision.

Sincerely,

Susan F. Cogswell
Insurance Commissioner

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About This Guide

This guide is designed to help you compare *managed care organizations (MCOs)*. It contains data from all *Health Maintenance Organizations (HMOs)* and the fifteen indemnity insurers with the highest premium volume for *managed care plans* in Connecticut. Medicare and Medicaid programs are not included. You will find information on *HMOs* presented in the first half of this guide and information on *indemnity MCOs* in the second half. Customer service phone numbers and other general information are provided. The number of physicians, hospitals and pharmacies is shown for each *MCO* by county. This is followed by a comparison of certain quality measures and member satisfaction survey results. Similar information on indemnity insurers that offer *managed care plans* but are not included in this guide is available at the Insurance Department. A list of these companies with addresses and phone numbers is included in this guide. A glossary of common terms used in *managed care* is also included in this guide. Any terms that are in *italics* can be found in the glossary.

The information in this guide is based on data provided by the *MCOs* as of year end 2003. This guide does not contain information on specific plans offered by the *MCOs*. Each *MCO* offers several different plans, and often tailors them to a specific policyholder's needs. You will need to get additional information from the *MCO* or your employer to make your choice. In addition to this guide, you will need provider directories, premium or contribution rates and schedules of benefits for each plan you are considering.

You should consider the following factors when choosing a health plan:

- **Service Area:** Do you live or work in the service area?
- **Convenience:** How far would you have to travel from your home or office to use the health care services?
- **Choice of Providers:** Does the network include your physicians, hospital, pharmacy or any other *provider*? Does the plan include an option for going out of the network?
- **Coverage:** Does the plan provide the health services that you are most likely to need?
- **Cost:** What is the premium or employee contribution? What *copayments*, *deductibles* or *coinsurance* amounts will you be required to pay?
- **Performance:** How did the health plans you are considering perform on the measures that are important to you and your family?

To help you make your choice, this guide includes a "Managed Care Plan Comparison Worksheet." You may use this worksheet to compare the various *managed care plans* available to you. Certain coverages are mandated by law. The worksheet does not include these benefits, since they must be included in all *managed care plans* issued in Connecticut. This guide will be updated annually.

Overview of Managed Care

What is managed care?

Managed Care is a general term to describe a system of health care delivery that attempts to manage the access, cost and quality of health care. Preventive care and early detection screenings are promoted. You generally are required to choose a *primary care physician* to oversee your care.

How do traditional indemnity plans differ from managed care plans?

Traditional *indemnity plans* reimburse you for expenses incurred for covered services. After a specified *deductible* is met, there can be cost sharing by you and the plan through *coinsurance* or a *copayment*. You are free to use any licensed health care *provider*.

Managed care plans as defined in Connecticut law perform *utilization review* and use a network of *participating providers*. Most services are covered in full, although a *copayment* may be required at the time the covered service is rendered. You must use *participating providers* in the network to receive the highest level of coverage, except in the case of an emergency. The plan may offer out of network benefits.

If you are in a *managed care plan* and are denied coverage due to medical necessity, you may have the right to an external appeal.

What are some common features of managed care plans?

- **Utilization Review (UR):** You may be required to get approval from the *MCO* for certain services before receiving treatment.
- **Provider Networks:** You must use *providers* that have contracts with the *MCO* unless the plan provides out of network benefits.
- **Preventive Care:** Physicals and early detection screenings are generally covered to keep you healthy.
- **Reduction of Paperwork:** There are generally no claim forms.
- **Copayments:** You may be required to pay a flat fee at the time the health care is rendered.
- **Gatekeeper:** You may need to get a referral from your *primary care physician* before seeing a specialist.

Managed Care Organizations Included in this Guide

Health Maintenance Organizations

Aetna Health	Aetna Health, Inc.
Anthem BC-BS	Anthem Health Plans, Inc.
CIGNA	CIGNA HealthCare of CT, Inc.
ConnectiCare	ConnectiCare, Inc.
Health Net	Health Net of CT Inc.
Oxford	Oxford Health Plans (CT), Inc.

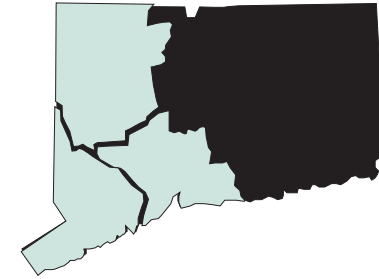
Indemnity Managed Care Organizations

Aetna Life	Aetna Life Insurance Co.
American Republic	American Republic Insurance Co.
Anthem BC-BS	Anthem Health Plans, Inc.
Celtic	Celtic Insurance Co.
CT General	Connecticut General Life Insurance Co.
First Allmerica	First Allmerica Financial Life Insurance Co.
Fortis Insurance	Fortis Insurance Co.
GE Group Life	GE Group Life Assurance Co.
Golden Rule	Golden Rule Insurance Co.
Guardian	Guardian Life Insurance Co.
Health Net	Health Net Insurance of CT., Inc.
John Alden	John Alden Life Insurance Co.
Oxford Health	Oxford Health Insurance Co.
UniCare	UniCare Life & Health Insurance Co.
United	United HealthCare Insurance Co.

The companies will be referenced by the abbreviations shown in **bold face type**.
Some companies may be servicing existing business and not currently issuing new business.

Health Maintenance Organizations

Number of Participating Providers Located in Each County

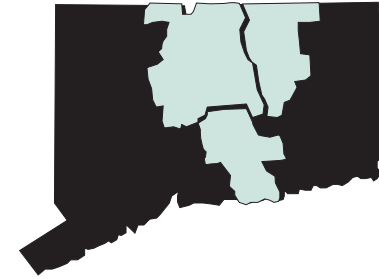


HMO	Fairfield County				New Haven County				Litchfield County			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna-US	555	1,174	6	117	5,821	1,601	7	150	94	137	3	44
Anthem BC-BS	640	959	6	124	602	1,407	7	159	98	108	3	42
CIGNA	592	1,484	6	125	530	1,880	6	150	90	197	3	41
ConnectiCare	624	1,035	6	135	610	1,563	7	170	83	160	3	48
Health Net	595	1,123	6	122	642	1,556	7	146	93	135	3	35
Oxford	838	1,628	6	140	723	2,125	6	174	106	197	3	43

Listed above are the total number of primary care physicians, physician specialists, hospitals and pharmacies for each HMO provider network in Fairfield, New Haven and Litchfield counties. If an individual physician practices in more than one office, the physician is only counted once. Physicians who practice in more than one county were placed in the county that has the largest number of the HMO's enrollees.

Health Maintenance Organizations

Number of Participating Providers Located in Each County



HMO	Hartford County				Tolland County				Middlesex County			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna-US	676	1,454	8	159	51	44	2	20	92	154	1	28
Anthem BC-BS	692	1,315	8	164	53	51	2	20	96	142	1	28
CIGNA	667	1,984	8	166	42	117	2	19	103	282	1	26
ConnectiCare	903	1,616	8	170	39	67	2	21	89	196	1	30
Health Net	657	1,318	8	142	54	57	2	13	113	131	1	23
Oxford	875	1,992	8	185	63	118	2	24	70	195	1	30

Listed above are the total number of primary care physicians, physician specialists, hospitals and pharmacies for each HMO provider network in Hartford, Tolland and Middlesex counties. If an individual physician practices in more than one office, the physician is only counted once. Physicians who practice in more than one county were placed in the county that has the largest number of the HMO's enrollees.

Health Maintenance Organizations

Number of Participating Providers Located in Each County



HMO	New London County				Windham County				TOTALS FOR ALL COUNTIES			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna-US	80	164	2	35	53	80	2	21	7,422	4,808	31	574
Anthem BC-BS	149	228	2	43	64	67	2	22	2,394	4,277	31	602
CIGNA	102	254	2	40	64	137	2	23	2,190	6,335	30	590
ConnectiCare	116	183	2	49	41	53	2	21	2,505	4,873	31	644
Health Net	153	255	2	41	68	81	2	18	2,375	4,656	31	540
Oxford	177	381	2	46	87	129	2	28	2,939	6,765	30	670

Listed above are the total number of primary care physicians, physician specialists, hospitals and pharmacies for each HMO provider network in New London and Windham counties. If an individual physician practices in more than one office, the physician is only counted once. Physicians who practice in more than one county were placed in the county that has the largest number of the HMO's enrollees.

Quality Measures

Percentage of Primary Care Physicians Who Are Board Certified

The percentage of primary care physicians in the HMO's provider network who were board certified as of December 31, 2003.



Percentage of Physician Specialists Who Are Board Certified

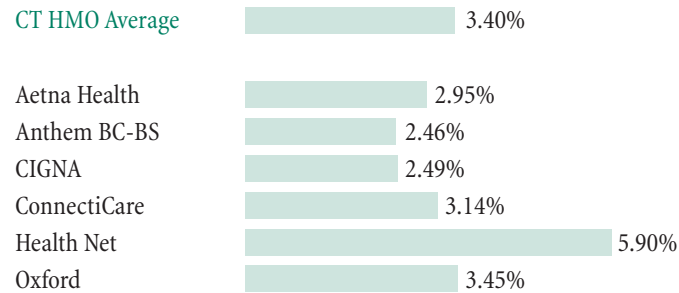
The percentage of physician specialists in the HMO's provider network who were board certified as of December 31, 2003.



Quality Measures

Provider Turnover Rate

The percentage of primary care physicians in the HMO's provider network as of December 31, 2002, who were not in the HMO's provider network as of December 31, 2003.



Breast Cancer Screening

The percentage of enrolled women who: (a) were age 50 through 69 years as of December 31, 2003; and (b) were continuously enrolled during 2002 and 2003; and (c) had a mammogram during 2002 or 2003.



Quality Measures

Cervical Cancer Screening

The percentage of enrolled women who: (a) were age 21 through 64 years as of December 31, 2003; and (b) were continuously enrolled during 2001, 2002, or 2003; and (c) received one or more Pap tests during 2001, 2002 or 2003.



Childhood Immunizations

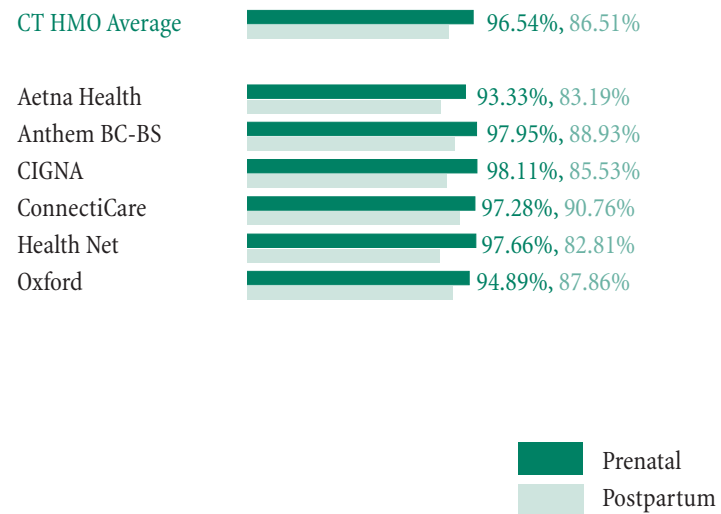
The percentage of enrolled children who: (a) turned two years old during 2003; and (b) were continuously enrolled for the 12 months preceding their second birthday; and (c) have received recommended immunizations. Immunizations for polio, measles, mumps, rubella, influenza type b, hepatitis b, diphtheria, tetanus, pertussis, and chicken pox are included in this measure.



Quality Measures

Prenatal Care in the First Trimester

The percentage of enrolled women who: (a) delivered a live birth between November 6, 2002 and November 5, 2003; and (b) were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and **(Prenatal)** had at least one prenatal care visit in the first trimester or within 42 days of enrollment in the Managed Care Organization, or **(Postpartum)** had a postpartum visit on or between 21 days and 56 days after delivery.



Cesarean Section Rate

The percentage of enrolled women who: (a) had a live birth delivery during 2003; and (b) had a Cesarean Section.



Quality Measures

Adult Access to Care

The percentage of enrollees ages 20-44 and 45-64 as of December 31, 2003 who (a) were continuously enrolled in the plan during 2001, 2002 and 2003; and (b) have had at least one ambulatory or preventive care visit with a health plan provider during 2001, 2002 or 2003.



Age 20-44
Age 45-64

Eye Exams for People with Diabetes

The percentage of all members with diabetes (type II and I) who: (a) were enrolled on December 31, 2003; and (b) turned 18 through 75 years of age during 2003; and (c) were continuously enrolled during 2003; and (d) had an eye examination in 2003.



Quality Measures

Beta Blocker Treatments after a Heart Attack

The percentage of all members who: (a) were age 35 years and older as of December 31, 2003; and (b) were hospitalized and discharged alive between January 1, 2003 and December 24, 2003; and (c) had a diagnosis of Acute Myocardial Infarction (AMI); and (d) received an ambulatory prescription for beta blockers upon discharge.



Outpatient Drug Utilization for Managed Care Enrollees

	Total cost of prescriptions in 2003	Average cost per prescription	Annual number of prescriptions per member per year
Aetna Health	\$18,526,221	\$35.49	9.55
Anthem BC-BS	\$216,156,721	\$69.00	8.30
CIGNA	\$13,806,021	\$76.45	8.70
ConnectiCare	\$127,163,744	\$40.37	11.88
Health Net	\$175,525,972	\$54.61	12.53
Oxford	\$49,716,519	\$55.47	10.17

Health Maintenance Organizations Utilization Review Measures

HMO	Total Number of UR Requests	Total Number of UR Denials	Percentage of UR Requests Denied	Total Number of UR Denials that were Appealed	Total Number of Denials that were Reversed on Appeal	Percentage of Denials that were Reversed on Appeal
Aetna-US	2,875	81	2.82%	45	13	28.89%
Anthem BC-BS	77,754	4,785	6.15%	505	250	49.50%
CIGNA	12,028	977	8.12%	51	31	60.78%
Connecticare	80,905	3,966	4.90%	139	35	25.18%
Health Net	151,873	10,558	6.95%	1,655	599	36.19%
Oxford	60,641	7,925	13.07%	788	378	47.97%

Member Satisfaction Survey — Health Maintenance Organizations

HMO	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net
Percentage of Managed Care members surveyed	1.90%	0.19%	70.30%	0.58%	0.25%
The percentage of those surveyed who responded	33.10%	39.32%	34.77%	41.45%	34.64%
Q. With the choices your health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?					
A big problem	11.40%	3.60%	7.40%	5.50%	3.30%
A small problem	19.00%	24.40%	17.90%	14.90%	19.10%
Not a problem	69.50%	72.00%	74.70%	79.60%	77.60%
Q. In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?					
A big problem	6.30%	3.20%	7.30%	2.30%	4.10%
A small problem	15.30%	11.20%	19.30%	14.30%	6.70%
Not a problem	78.30%	85.60%	73.40%	83.40%	89.20%
Q. In the last 12 months, when you called during regular business hours, how often did you get an appointment for regular or routine health care as soon as you wanted?					
Never	4.40%	2.40%	2.60%	2.90%	1.10%
Sometimes	10.90%	15.00%	12.10%	10.50%	10.00%
Usually	37.60%	39.80%	39.50%	36.80%	35.70%
Always	47.20%	42.80%	45.80%	49.70%	53.20%
Q. In the last 12 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?					
Never	1.00%	3.10%	3.40%	0.60%	0.70%
Sometimes	7.10%	6.20%	7.50%	6.10%	6.30%
Usually	25.50%	24.80%	29.50%	22.00%	23.60%
Always	66.30%	65.80%	59.60%	71.30%	69.40%
Q. In the last 12 months, how much of a problem, if any, was it to get the care, tests or treatment, you or a doctor believed necessary?					
A big problem	3.70%	1.30%	3.50%	1.70%	1.60%
A small problem	11.20%	10.20%	13.60%	10.50%	10.40%
Not a problem	85.00%	88.50%	82.90%	87.80%	88.00%

Oxford
1.31%
33.00%
10.10%
26.40%
63.50%
8.80%
15.10%
76.10%
4.20%
10.70%
43.10%
42.00%
1.56%
7.03%
31.25%
60.16%
6.70%
12.40%
80.90%

Totals may not add to 100% due to rounding, or failure of some respondents to answer all questions.

Member Satisfaction Survey — Health Maintenance Organizations

HMO	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net
Q. Regarding your health plan, in the last 12 months, how much of a problem, if any, was it to find or understand information in the written materials given or on the internet?					
A big problem	19.50%	9.70%	14.20%	8.00%	9.50%
A small problem	34.40%	35.10%	33.60%	34.00%	32.60%
Not a problem	46.10%	55.20%	52.20%	58.00%	57.90%
Q. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?					
A big problem	13.40%	9.30%	16.40%	10.30%	13.00%
A small problem	27.60%	25.60%	25.40%	20.10%	26.00%
Not a problem	59.00%	65.10%	58.20%	69.50%	61.00%
Q. Use any number from 0 to 10 where 0 is the worst health plan possible and 10 is the best health plan possible. How would you rate your health plan now?					
0	1.90%	0.50%	0.80%	0.00%	0.60%
1	0.00%	0.00%	0.50%	0.50%	0.30%
2	1.90%	0.50%	0.80%	0.70%	0.30%
3	1.50%	1.40%	2.40%	1.10%	1.10%
4	2.20%	1.20%	1.00%	2.70%	1.10%
5	8.90%	7.20%	10.70%	4.10%	5.10%
6	13.40%	4.20%	9.20%	5.40%	5.40%
7	17.10%	14.00%	18.30%	16.10%	12.50%
8	27.90%	28.70%	26.70%	30.60%	27.00%
9	13.00%	23.80%	14.90%	20.90%	21.30%
10	12.30%	18.50%	14.70%	17.90%	25.30%

Oxford
14.00%
40.30%
45.70%
13.80%
28.30%
57.90%
1.42%
1.71%
1.14%
1.71%
3.99%
10.54%
8.83%
14.53%
22.79%
13.68%
19.66%

Totals may not add to 100% due to rounding, or failure of some respondents to answer all questions.

Health Maintenance Organizations

HMO	Address	CUSTOMER SERVICE INFORMATION			Profit/Not for Profit	Service Area
		Customer Service Phone Number	Days of the week the phone is staffed	Hours the phone is staffed		
Aetna Health, Inc.	151 Farmington Ave - MC5E Hartford, CT 06156	1-800-323-9930	Monday-Friday	8:00am-6:00pm	For Profit	Statewide
Anthem Blue Cross & Blue Shield of CT, Inc.	370 Bassett Road North Haven, CT 06473	1-203-239-4911	Monday-Friday	8:00am-5:00pm	For Profit	Statewide
CIGNA Healthcare of CT, Inc.	900 Cottage Grove Road Hartford, CT 06152	1-800-832-3211	Monday-Friday	8:00am-6:00pm	For Profit	Statewide
ConnectiCare, Inc.	175 Scott Swamp Road Farmington, CT 06032	1-800-251-7722 and 1-860-674-5757	Monday-Saturday	Mon-Fri 6:00am-9:00pm Sat 9:00am-1:00pm	For Profit	Statewide
Health Net of Connecticut Inc.	One Far Mill Crossing Shelton, CT 06484	1-800-441-5741	Monday-Friday	8:00am-6:00pm	For Profit	Statewide
Oxford Health Plans (CT), Inc.	48 Monroe Turnpike Trumbull, CT 06611	1-800-444-6222	Monday-Friday	8:00am-6:00pm	For Profit	Statewide

Health Maintenance Organizations

Does the HMO market to individuals?	Fully Insured Enrollment	Self-Insured Enrollment	Total Enrollment	Level of NCQA Accreditation Achieved
No	30,724	37,148	67,872	Full Accreditation
Yes	345,141	217,091	562,232	Full Accreditation
No	19,604	0	19,604	Full Accreditation
No	188,842	29,848	218,690	Full Accreditation
No	252,951	182,904	435,855	Pending
No	82,787	1,350	84,137	Full Accreditation

National Committee for Quality Assurance (NCQA)
- A not-for-profit organization that reviews quality and performance measures of HMOs, providing an independent standard of accountability.

Levels of Accreditation

Full Accreditation - awarded to HMOs that meet the NCQA's standards and is effective for three years.

One-Year Accreditation - awarded to HMOs that meet most of the NCQA's standards but not enough to obtain full accreditation.

Provisional Accreditation - Granted for one-year to HMOs that meet some of NCQA's requirements and have adequate quality improvement programs. Plans must demonstrate progress before they can be accredited at a higher level.

NA - the HMO has not applied for NCQA accreditation.

Denial - Given to HMOs that fail to meet enough standards.

Under Review - Given to HMOs that have received an initial accreditation determination but have requested to move to a higher accreditation level.

Indemnity Managed Care Organizations

MCO	Address	CUSTOMER SERVICE INFORMATION			Profit/Not for Profit	Service Area
		Customer Service Phone Number	Days of the week the phone is staffed	Hours the phone is staffed		
Aetna Life Insurance Company	151 Farmington Ave, MC5E Hartford, CT 06156	varies by employer group	Monday-Friday	8:00am-6:00pm	For Profit	Statewide
American Republic Insurance Company	601 Sixth Avenue Des Moines, IA 50334	1-800-247-2190	Monday-Friday	7:30am-7:00pm	For Profit	Statewide
Anthem Blue Cross & Blue Shield of CT, Inc.	370 Bassett Road North Haven, CT 06473	1-203-239-4911	Monday-Friday	8:00am-5:00pm	For Profit	Statewide
Celtic Insurance Company	233 So. Wacker Dr, Ste 700 Chicago, IL 60606-6393	1-800-477-7870	Monday-Friday	Mon-Thu 8:00am-6:00pm Fri 8:00am-3:00pm	For Profit	Statewide
Connecticut General Life Insurance Company	900 Cottage Grove Road Hartford, CT 06152	1-800-832-3211	Monday-Friday	8:00am-6:00pm	For Profit	Statewide
First Allmerica Financial Life Insurance Company	440 Lincoln Street Worcester, MA 01653	1-800-466-7600 1-800-466-7900	Monday-Friday	8:00am-5:00pm	For Profit	Statewide
Fortis Insurance Company dba Assurant Health	501 West Michigan Milwaukee, WI 53203	1-800-800-1212	Monday-Friday	8:00am-7:00pm	For Profit	Statewide
GE Group Life Assurance Company	100 Bright Meadow Blvd. Enfield, CT 06082	1-800-451-2513	Monday-Friday	8:00am-6:00pm	For Profit	Statewide
Golden Rule Insurance Company	7440 Woodland Drive Indianapolis, IN 46278	1-618-943-5465	Monday-Friday	8:00am - 8:00pm	For Profit	Statewide
Guardian Life Insurance Company of America	7 Hanover Sq, 21st Floor New York, NY 10004	1-800-685-4542	Monday-Friday	8:00am-6:00pm	For Profit	Statewide
Health Net Insurance of CT, Inc.	One Far Mill Crossing Shelton, CT 06484	1-800-441-5741	Monday-Friday	8:00am-6:00pm	For-Profit	Statewide
John Alden Life Insurance Company dba Assurant Health	501 West Michigan Milwaukee, WI 53203	1-800-800-1212	Monday-Friday	8:00am-7:00pm	For Profit	Statewide
Oxford Health Insurance, Inc.	48 Monroe Turnpike Trumbull, CT 06611	1-800-444-6222	Monday-Friday	8:00am-6:00pm	For-Profit	Statewide
UNICARE Life & Health Insurance Company	4553 La Tienda Drive Thousand Oaks, CA 91362	1-800-234-0111	Monday-Friday	8:00am-5:00pm	For Profit	Statewide
United HealthCare Insurance Company	450 Columbus Blvd. Hartford, CT 06115	1-800-357-0978	Monday-Friday	8:00am-8:00pm	For Profit	Statewide

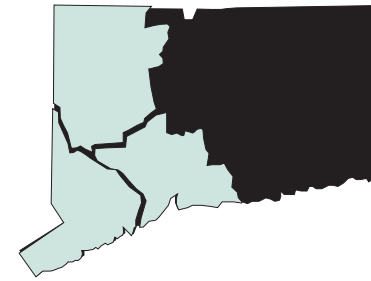
Indemnity Managed Care Organizations

Does the MCO market to individuals?	Fully Insured Enrollment	Self-Insured Enrollment	Total Enrollment ¹
No	7,694	79,378	87,072
Yes	1,888	0	1,888
Yes	203,531	253,038	456,569
Yes	1,660	0	1,660
No	29,585	206,300	235,885
No	48	0	48
Yes	4,582	0	4,582
No	151	1,176	1,327
Yes	17,798	0	17,798
No	723	90	813
No	551	0	551
Yes	5,062	0	5,062
No	11,367	0	11,367
No	480	11	491
No	114,642	105,186	219,828

¹Only applies to managed care plans issued in Connecticut.

Indemnity Managed Care Organizations

Number of Participating Providers Located in Each County*



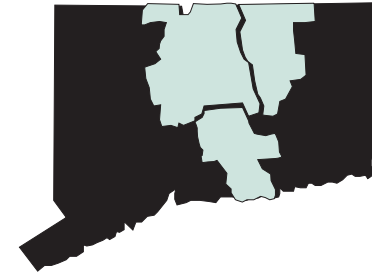
Indemnity Managed Care Organization	Fairfield County				New Haven County				Litchfield County			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Life	601	1,163	6	117	580	1,525	7	150	94	137	3	44
American Republic	503	1,248	5	135	556	1,510	7	149	124	371	3	46
Anthem BC-BS	742	1,098	6	124	735	1,507	7	159	111	121	3	42
Celtic	485	880	7	133	629	1,302	5	164	62	80	3	44
CT General	592	1,484	6	125	530	1,880	6	150	90	197	3	41
First Allmerica	191	328	2	116	212	420	6	132	24	64	2	34
Fortis Insurance	393	1,217	5	140	426	1,315	7	174	91	300	3	43
GE Group Life	485	880	7	146	629	1,302	5	175	62	80	3	43
Golden Rule	573	1,184	6	133	659	1,958	7	164	89	174	3	44
Guardian	485	880	7	146	629	1,302	5	174	62	80	3	42
Health Net	595	1,123	5	122	642	1,556	7	146	93	135	3	35
John Alden	393	1,217	5	140	426	1,315	7	174	91	300	3	43
Oxford Health	838	1,628	6	140	723	2,125	6	174	106	197	3	43
UniCare	485	880	7	127	629	1,302	5	150	62	80	3	45
United	756	1,049	6	141	918	1,265	7	167	107	141	3	43

Listed above are the total number of primary care physicians, physician specialists, hospitals, and pharmacies for each MCO provider network in Fairfield, New Haven and Litchfield counties. If an individual physician practices in more than one office, the physician is counted once. Physicians who practice in more than one county were placed in the county that has the largest number of the MCO's enrollees.

* If a MCO utilizes more than one provider network, the network containing the least number of primary care physicians is represented.

Indemnity Managed Care Organizations

Number of Participating Providers Located in Each County*



Indemnity Managed Care Organization	Hartford County				Tolland County				Middlesex County			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Life	699	1,406	8	159	51	42	2	20	105	137	1	28
American Republic	1,089	2,385	9	156	61	127	2	28	123	289	1	30
Anthem BC-BS	815	1,413	8	164	55	61	2	20	114	156	1	28
Celtic	613	1,034	5	168	44	31	2	21	37	66	1	28
CT General	667	1,984	8	166	42	117	2	19	103	282	1	26
First Allmerica	138	381	4	135	20	34	0	20	21	20	0	22
Fortis Insurance	692	2,155	9	185	52	115	2	24	101	211	1	30
GE Group Life	613	1,034	5	191	44	31	2	24	37	66	1	31
Golden Rule	688	1,586	8	168	52	100	2	21	122	234	1	28
Guardian	613	1,034	5	189	44	31	2	23	37	66	1	30
Health Net	657	1,318	8	142	54	57	2	13	113	131	1	23
John Alden	692	2,155	9	185	52	115	2	24	101	211	1	30
Oxford Health	875	1,992	8	185	63	118	2	24	70	195	1	30
UniCare	613	1,034	5	165	44	31	2	19	37	66	1	27
United	879	1,291	8	180	62	84	2	21	105	137	1	28

Listed above are the total number of primary care physicians, physician specialists, hospitals, and pharmacies for each MCO provider network in Hartford, Tolland and Middlesex counties. If an individual physician practices in more than one office, the physician is counted once. Physicians who practice in more than one county were placed in the county that has the largest number of the MCO's enrollees.

* If a MCO utilizes more than one provider network, the network containing the least number of primary care physicians is represented.

Indemnity Managed Care Organizations

Number of Participating Providers Located in Each County*



Indemnity Managed Care Organization	New London County				Windham County				TOTALS FOR ALL COUNTIES			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Life	86	157	2	35	54	75	2	21	2,270	4,642	31	574
American Republic	133	437	2	54	83	195	2	32	2,672	6,562	31	630
Anthem BC-BS	178	261	2	43	75	87	2	22	2,825	4,704	31	602
Celtic	94	141	2	43	47	40	2	24	2,011	3,574	27	625
CT General	102	254	2	40	64	137	2	23	2,190	6,335	30	590
First Allmerica	35	51	2	40	24	17	0	21	665	1,315	16	520
Fortis Insurance	98	389	2	45	79	185	2	28	1,932	5,887	31	669
GE Group Life	94	141	2	47	47	40	2	28	2,011	3,574	27	685
Golden Rule	123	275	2	43	70	126	2	24	2,376	5,637	31	625
Guardian	94	141	2	46	47	40	2	27	2,011	3,574	27	677
Health Net	153	255	2	41	68	81	2	18	2,375	4,656	30	540
John Alden	98	389	2	45	79	185	2	28	1,932	5,887	31	669
Oxford Health	177	381	2	46	87	129	2	28	2,939	6,765	30	670
UniCare	94	141	2	38	47	40	2	22	2,011	3,574	27	593
United	149	206	2	45	71	81	2	27	3,067	4,288	31	652

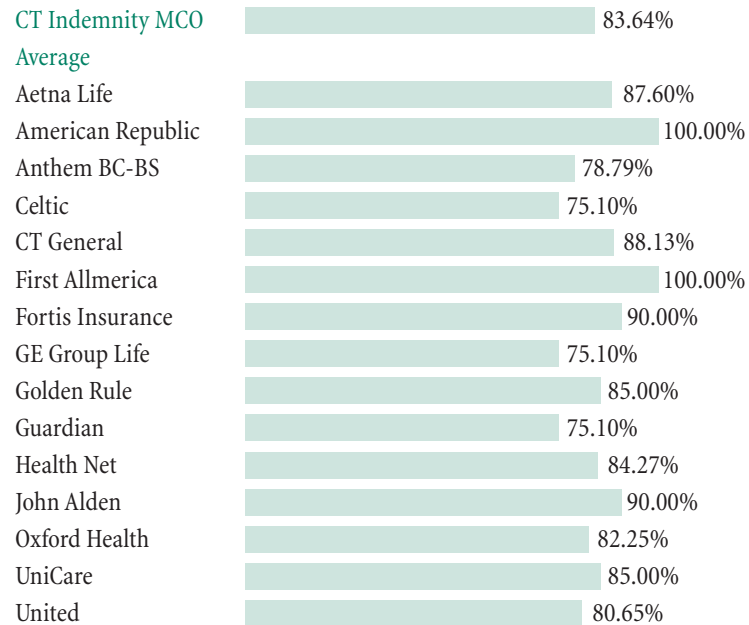
Listed above are the total number of primary care physicians, physician specialists, hospitals, and pharmacies for each MCO provider network in New London and Windham counties. If an individual physician practices in more than one office, the physician is counted once. Physicians who practice in more than one county were placed in the county that has the largest number of the MCO's enrollees.

* If a MCO utilizes more than one provider network, the network containing the least number of primary care physicians is represented.

Quality Measures

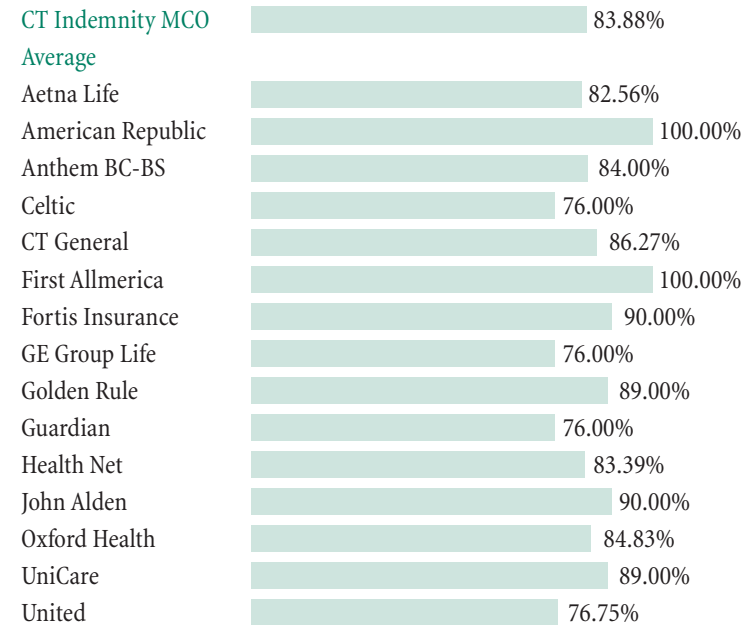
Percentage of Primary Care Physicians Who Are Board Certified

The percentage of primary care physicians in the MCO's provider network who were board certified as of December 31, 2003.



Percentage of Physician Specialists Who Are Board Certified

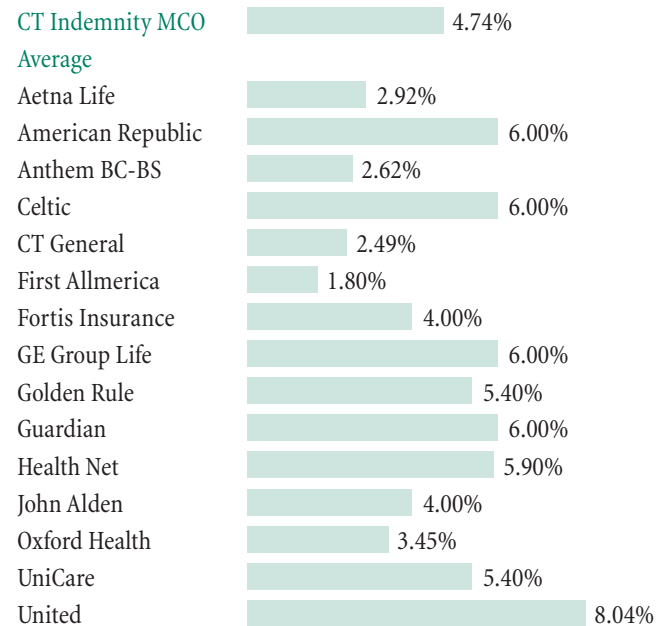
The percentage of physician specialists in the MCO's provider network who were board certified as of December 31, 2003.



Quality Measures

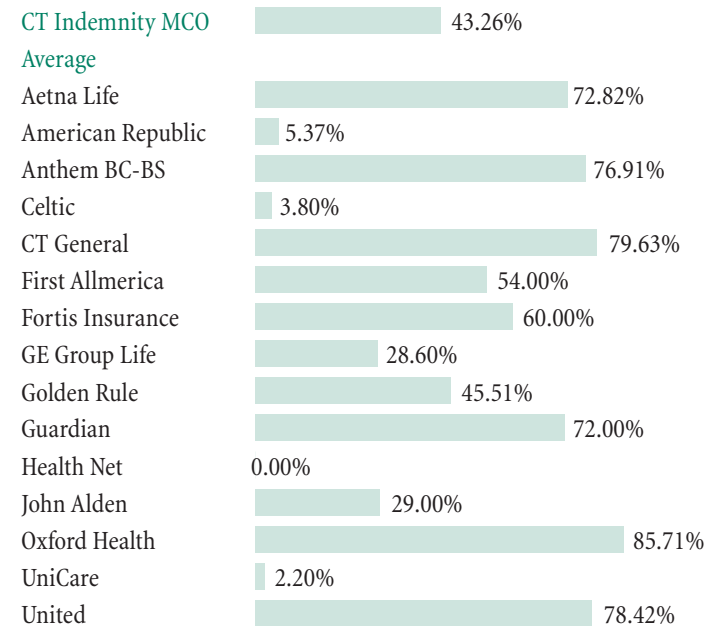
Provider Turnover Rate

The percentage of primary care physicians in the MCO's provider network as of December 31, 2002, who were not in the provider network as of December 31, 2003.



Breast Cancer Screening

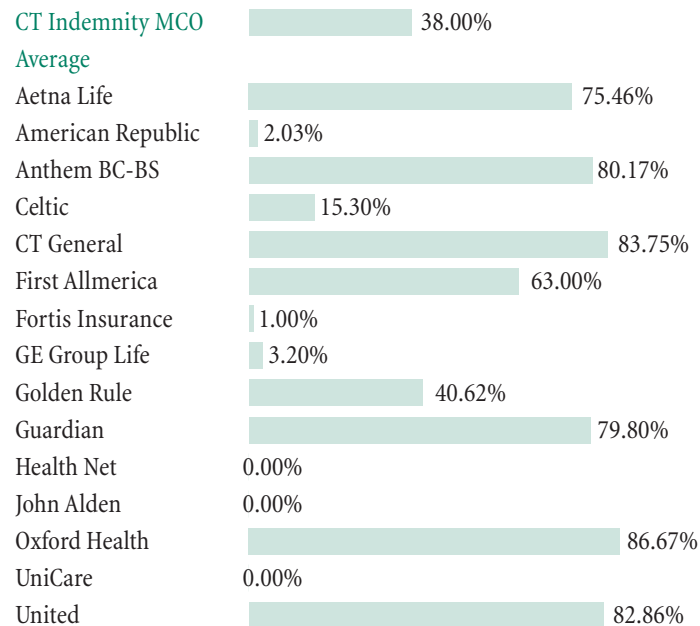
The percentage of enrolled women who: (a) were age 50 through 69 years as of December 31, 2003; and (b) were continuously enrolled during 2002 and 2003; and (c) had a mammogram during 2002 or 2003.



Quality Measures

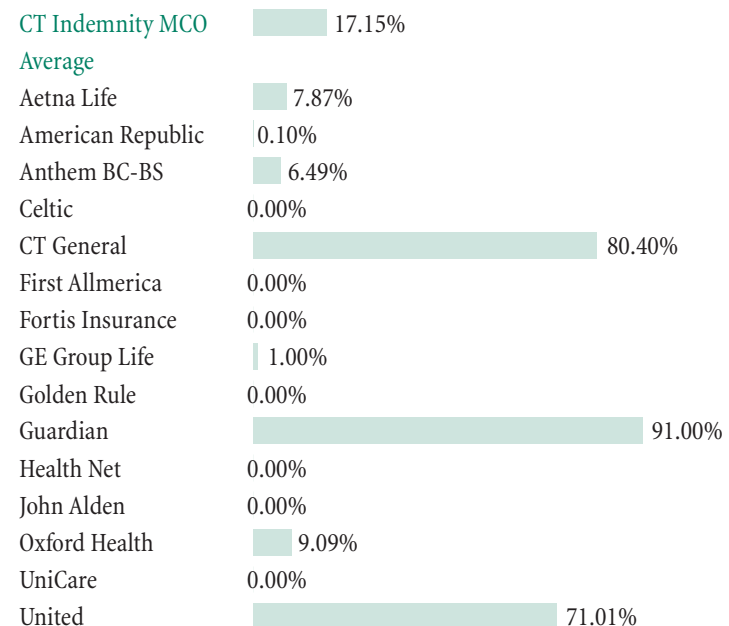
Cervical Cancer Screening

The percentage of enrolled women who: (a) were age 21 through 64 years as of December 31, 2003; and (b) were continuously enrolled during 2001, 2002, or 2003; and (c) received one or more Pap tests during 2001, 2002 or 2003.



Childhood Immunizations

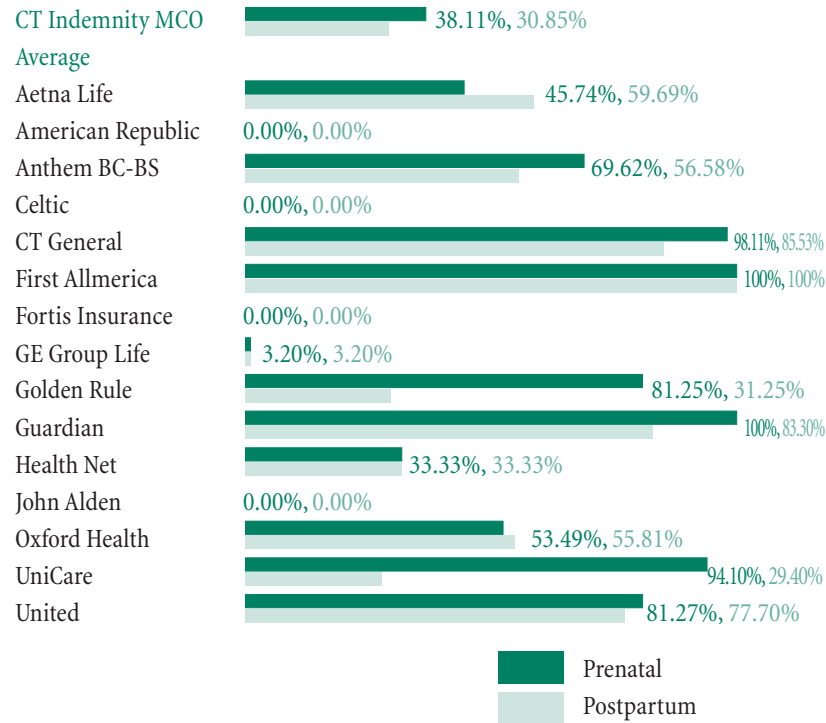
The percentage of enrolled children who: (a) turned two years old during 2003; and (b) were continuously enrolled for the 12 months preceding their second birthday; and (c) have received recommended immunizations. Immunizations for polio, measles, mumps, rubella, influenza type b, hepatitis b, diphtheria, tetanus, pertussis, and chicken pox are included in this measure.



Quality Measures

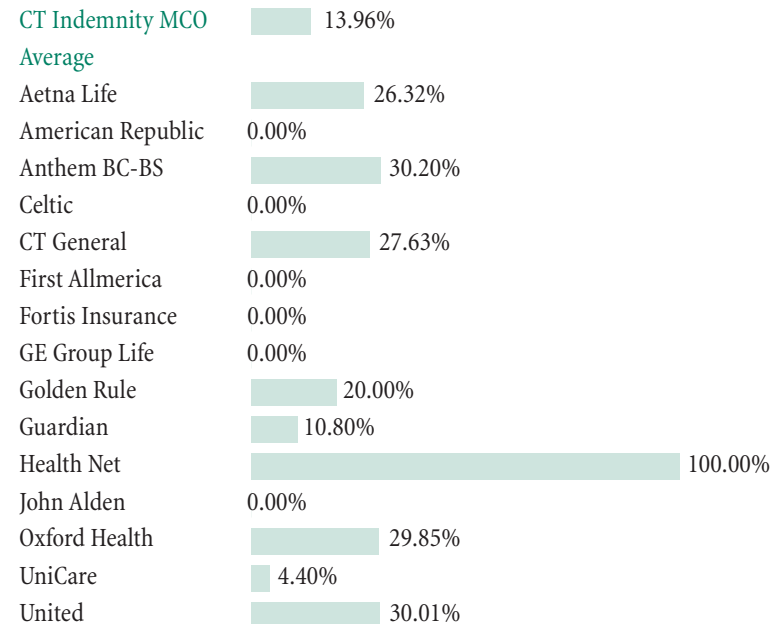
Prenatal Care in the First Trimester

The percentage of enrolled women who: (a) delivered a live birth between November 6, 2002 and November 5, 2003; and (b) were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and (**Prenatal**) had at least one prenatal care visit in the first trimester or within 42 days of enrollment in the Managed Care Organization, or (**Postpartum**) had a postpartum visit on or between 21 days and 56 days after delivery.



Cesarean Section Rate

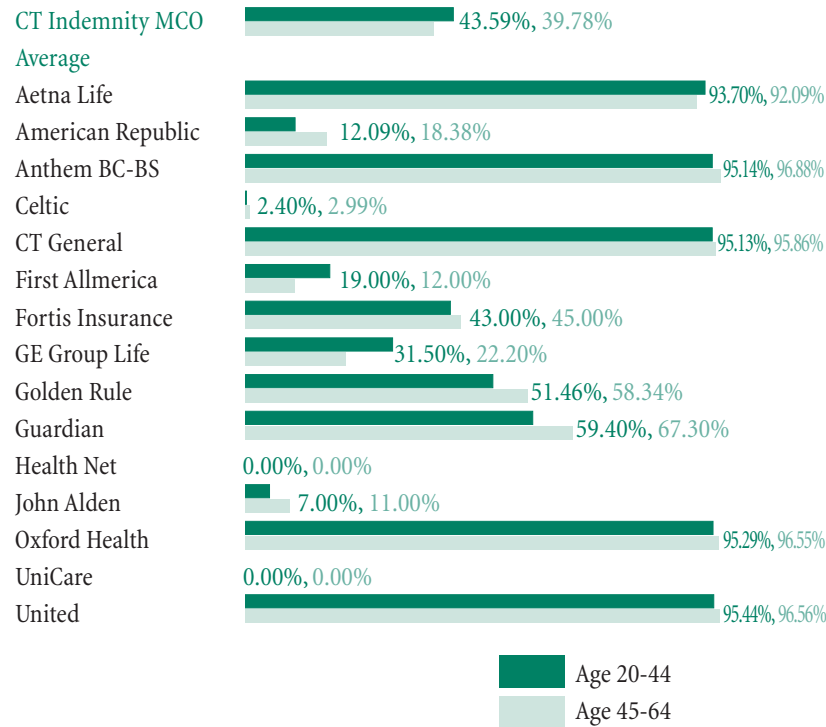
The percentage of enrolled women who: (a) had a live birth delivery during 2003; and (b) had a Cesarean Section.



Quality Measures

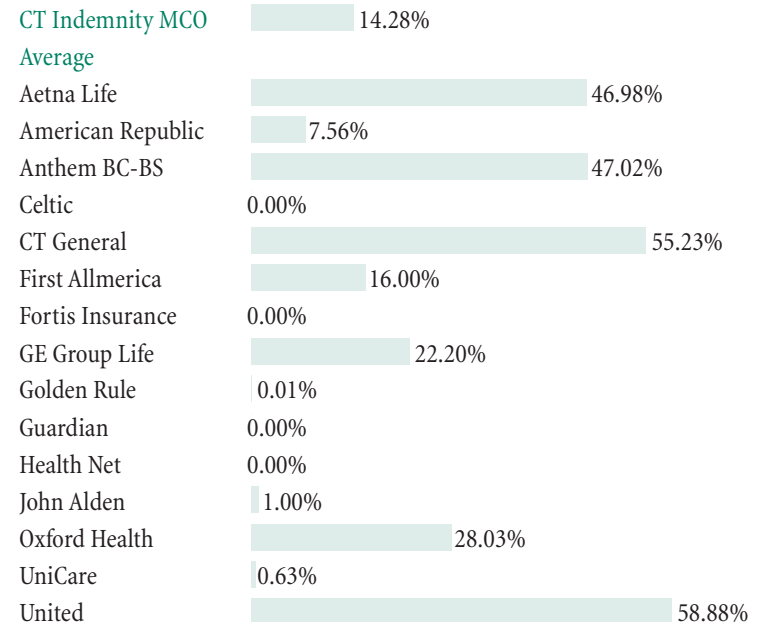
Adult Access to Care

The percentage of enrollees ages 20-44 and 45-64 as of December 31, 2003 who (a) were continuously enrolled in the plan during 2001, 2002 and 2003; and (b) have had at least one ambulatory or preventive care visit with a health plan provider during 2001, 2002 or 2003.



Eye Exams for People with Diabetes

The percentage of all members with diabetes (type II and I) who: (a) were enrolled on December 31, 2003; and (b) turned 18 through 75 years of age during 2003; and (c) were continuously enrolled during 2003; and (d) had an eye examination in 2003.



Quality Measures

Beta Blocker Treatments after a Heart Attack

The percentage of all member who: (a) were age 35 years and older as of December 31, 2003; and (b) were hospitalized and discharged alive between January 1, 2003 and December 24, 2003; and (c) had a diagnosis of Acute Myocardial Infarction (AMI); and (d) received an ambulatory prescription for beta blockers upon discharge.

CT Indemnity MCO	19.96%
Average	
Aetna Life	0.00%
American Republic	0.00%
Anthem BC-BS	70.20%
Celtic	0.00%
CT General	97.30%
First Allmerica	0.00%
Fortis Insurance	0.00%
GE Group Life	0.00%
Golden Rule	40.00%
Guardian	0.00%
Health Net	0.00%
John Alden	0.00%
Oxford Health	100.00%
UniCare	0.00%
United	91.67%

Outpatient Drug Utilization for Managed Care Enrollees

	Total cost of prescriptions in 2003	Average cost per prescription	Annual number of prescriptions per member per year
Aetna Life	\$1,317,504	\$40.87	9.10
American Republic	\$564,337	\$55.75	6.44
Anthem BC-BS	\$235,665,376	\$66.60	10.80
Celtic	\$1,462,872	\$78.33	6.37
CT General	\$41,753,135	\$83.84	7.76
First Allmerica	\$97,128	\$47.82	35.00
Fortis Insurance	\$362,821	\$50.67	1.89
GE Group Life	\$32,771	\$77.47	7.70
Golden Rule	\$2,871,640	\$48.51	3.68
Guardian	\$2,290,817	\$71.91	9.00
Health Net	\$247,241	\$53.16	11.08
John Alden	\$2,030,548	\$96.49	10.04
Oxford Health	\$3,057,890	\$53.79	9.84
UniCare	\$137,902	\$30.00	8.60
United	\$58,780,292	\$49.36	11.75

Indemnity Managed Care Organizations Utilization Review Measures

Indemnity Managed Care Organization	Total Number of UR Requests	Total Number of UR Denials	Percentage of UR Requests Denied	Total Number of UR Denials that were Appealed	Total Number of Denials that were Reversed on Appeal	Percentage of Denials that were Reversed on Appeal
Aetna Life	337	54	16.02%	5	2	40.00%
American Republic	148	8	5.41%	3	1	33.33%
Anthem BC-BS	73,323	4,907	6.69%	501	252	50.30%
Celtic	270	10	3.70%	3	1	33.33%
CT General	15,302	1,077	7.04%	88	48	54.55%
First Allmerica	0	0	0.00%	0	0	0.00%
Fortis Insurance	160	14	8.75%	8	2	25.00%
GE Group Life	5	0	0.00%	0	0	0.00%
Golden Rule	438	54	12.33%	10	3	30.00%
Guardian	794	41	5.16%	6	0	0.00%
Health Net	135	6	4.44%	3	1	33.33%
John Alden	488	35	7.17%	11	2	18.18%
Oxford Health	2,749	215	7.82%	38	18	47.37%
UniCare	190	1	0.53%	0	0	0.00%
United	24,539	96	0.39%	54	13	24.07%

Member Satisfaction Survey — Indemnity Managed Care Organizations

MCO	Aetna Life	Amer.Republic	Anthem BC-BS	Celtic	CT General
Percentage of Managed Care members surveyed	6.10%	100.00%	0.24%	3.00%	70.90%
The percentage of those surveyed who responded	30.70%	13.00%	43.16%	100.00%	34.77%
Q. With the choices your health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?					
A big problem	8.50%	10.00%	5.80%	16.00%	7.40%
A small problem	20.60%	15.00%	19.40%	16.00%	17.90%
Not a problem	70.90%	76.00%	74.80%	68.00%	74.70%
Q. In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?					
A big problem	6.90%	2.00%	4.70%	8.00%	7.30%
A small problem	13.20%	14.00%	10.00%	9.00%	19.30%
Not a problem	79.90%	84.00%	85.40%	83.00%	73.40%
Q. In the last 12 months, when you called during regular business hours, how often did you get an appointment for regular or routine health care as soon as you wanted?					
Never	1.20%	3.00%	2.30%	5.00%	2.60%
Sometimes	13.40%	11.00%	12.40%	24.00%	12.10%
Usually	44.50%	37.00%	44.10%	17.00%	39.50%
Always	40.90%	49.00%	41.30%	54.00%	45.80%
Q. In the last 12 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?					
Never	2.50%	2.00%	1.00%	7.00%	3.40%
Sometimes	6.60%	9.00%	5.00%	19.00%	7.50%
Usually	22.10%	35.00%	29.60%	20.00%	29.50%
Always	68.90%	54.00%	64.30%	54.00%	59.60%
Q. In the last 12 months, how much of a problem, if any, was it to get the care, tests or treatment, you or a doctor believed necessary?					
A big problem	2.20%	87.00%	1.10%	7.00%	3.50%
A small problem	9.60%	5.00%	8.50%	14.00%	13.60%
Not a problem	88.20%	8.00%	90.40%	79.00%	82.90%

First Allmerica	Fortis Insurance	GE Group Life	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	UniCare	United
33.30%	7.00%	19.00%	1.00%	43.29%	15.60%	15.00%	11.90%	34.00%	0.50%
12.50%	16.00%	21.00%	20.00%	16.85%	28.10%	21.00%	31.40%	32.00%	40.60%
0.00%	6.10%	13.00%	5.00%	8.47%	18.20%	6.70%	9.70%	9.70%	5.00%
0.00%	8.20%	0.00%	20.00%	13.56%	45.50%	13.40%	25.80%	9.70%	12.00%
100.00%	85.70%	87.00%	75.00%	77.97%	36.40%	79.90%	64.50%	80.60%	84.00%
0.00%	6.10%	7.00%	7.90%	6.78%	10.00%	6.10%	9.70%	16.70%	6.00%
0.00%	6.10%	20.00%	13.10%	16.95%	20.00%	11.00%	15.30%	10.00%	6.00%
100.00%	87.80%	73.00%	79.00%	76.27%	70.00%	82.90%	75.00%	73.30%	89.00%
0.00%	4.10%	20.00%	5.10%	0.00%	0.00%	4.90%	3.90%	2.30%	5.00%
0.00%	16.30%	20.00%	12.80%	20.34%	11.80%	14.00%	11.36%	11.40%	13.00%
50.00%	38.80%	33.00%	35.90%	42.37%	35.30%	48.80%	41.88%	29.50%	43.00%
50.00%	40.80%	27.00%	46.00%	37.29%	52.90%	32.40%	42.86%	56.80%	39.00%
0.00%	2.00%	13.00%	6.00%	1.69%	0.00%	7.90%	1.40%	0.00%	2.00%
0.00%	6.10%	7.00%	0.00%	10.17%	0.00%	24.40%	6.40%	18.50%	9.00%
50.00%	28.60%	47.00%	42.50%	16.95%	33.30%	42.10%	29.10%	14.80%	27.00%
50.00%	63.30%	33.00%	51.50%	71.19%	66.70%	25.60%	63.10%	66.70%	62.00%
0.00%	10.20%	7.00%	9.70%	3.39%	18.20%	7.30%	6.50%	4.30%	5.00%
0.00%	6.10%	7.00%	3.20%	11.86%	18.20%	12.20%	12.20%	10.90%	8.00%
100.00%	83.70%	86.00%	87.10%	84.75%	63.60%	80.50%	81.30%	84.80%	86.00%

Totals may not add to 100% due to rounding, or failure of some respondents to answer all questions.

Member Satisfaction Survey — Indemnity Managed Care Organizations

MCO	Aetna Life	Amer.Republic	Anthem BC-BS	Celtic	CT General
Q. Regarding your health plan, in the last 12 months, how much of a problem, if any, was it to find or understand information in the written materials given or on the internet?					
A big problem	8.90%	59.00%	10.50%	14.00%	14.20%
A small problem	37.90%	31.00%	37.90%	14.00%	33.60%
Not a problem	53.20%	10.00%	51.60%	72.00%	52.20%
Q. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?					
A big problem	13.10%	64.00%	11.10%	13.00%	16.40%
A small problem	21.30%	22.00%	31.30%	19.00%	25.40%
Not a problem	65.60%	14.00%	57.60%	68.00%	58.20%
Q. Use any number from 0 to 10 where 0 is the worst health plan possible and 10 is the best health plan possible. How would you rate your health plan now?					
0	0.60%	1.00%	0.00%	2.00%	0.80%
1	0.00%	3.00%	0.00%	2.00%	0.50%
2	1.60%	1.00%	0.90%	4.00%	0.80%
3	2.90%	6.00%	0.90%	6.00%	2.40%
4	0.60%	5.00%	0.40%	8.00%	1.00%
5	8.90%	11.00%	4.30%	21.00%	10.70%
6	11.10%	7.00%	5.50%	10.00%	9.20%
7	16.80%	22.00%	11.90%	14.00%	18.30%
8	30.20%	20.00%	25.80%	19.00%	26.70%
9	18.10%	10.00%	24.10%	4.00%	14.90%
10	9.20%	13.00%	26.20%	10.00%	14.70%

First Allmerica	Fortis Insurance	GE Group Life	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	UniCare	United
50.00%	10.20%	13.00%	6.60%	6.78%	26.70%	14.60%	14.00%	18.40%	11.00%
0.00%	26.50%	27.00%	13.30%	16.95%	26.70%	25.60%	38.00%	21.10%	19.00%
50.00%	63.30%	60.00%	80.00%	76.27%	46.70%	59.80%	48.00%	60.50%	70.00%
50.00%	12.20%	13.00%	7.40%	5.08%	35.70%	18.30%	14.50%	17.20%	15.00%
0.00%	12.20%	33.00%	14.80%	22.03%	21.40%	17.70%	27.30%	34.50%	21.00%
50.00%	75.60%	54.00%	77.80%	72.89%	42.90%	64.00%	58.20%	48.30%	64.00%
50.00%	2.00%	7.00%	2.70%	0.00%	8.70%	4.30%	1.71%	0.00%	2.40%
0.00%	4.10%	0.00%	0.00%	1.70%	4.30%	1.80%	1.46%	0.00%	0.90%
0.00%	4.10%	0.00%	5.40%	0.00%	0.00%	6.70%	0.97%	0.00%	1.40%
0.00%	6.00%	0.00%	8.10%	1.70%	8.70%	7.30%	2.19%	0.00%	2.10%
0.00%	8.20%	7.00%	2.70%	5.08%	4.30%	4.30%	3.66%	4.00%	3.80%
0.00%	18.40%	6.00%	16.20%	8.47%	17.40%	16.50%	10.24%	12.00%	8.30%
0.00%	10.20%	7.00%	5.40%	1.70%	4.30%	8.50%	8.05%	8.00%	8.00%
50.00%	10.20%	0.00%	24.30%	22.03%	26.10%	14.00%	14.15%	25.00%	17.70%
0.00%	14.30%	53.00%	16.20%	25.42%	13.00%	17.10%	22.93%	33.00%	23.60%
0.00%	8.20%	20.00%	13.50%	13.56%	4.30%	7.90%	16.10%	14.00%	16.80%
0.00%	14.30%	0.00%	5.40%	20.34%	8.70%	11.60%	18.54%	4.00%	14.90%

Totals may not add to 100% due to rounding, or failure of some respondents to answer all questions.

Glossary

Adverse determination: A *UR* decision to deny a healthcare service based on the information provided because it does not meet requirements for medical necessity, appropriateness, health care setting, level of care or effectiveness.

Board certified physician: A physician who has passed an examination given by a medical board for a particular specialty.

Capitation: A *provider* payment method in which a *MCO* pays a fixed amount per month for each enrollee regardless of the number of services performed.

Case management: A process whereby enrollees with specific health needs are identified by the *MCO* and a plan of treatment is set up and monitored to achieve optimum patient outcome in a cost effective manner.

Center for Medicare & Medicaid Services (CMS): The federal agency responsible for administering the Medicare program, including Medicare risk contracts with *HMOs*, and overseeing each state's administration of the Medicaid program.

Coinsurance: A fixed percentage of the eligible medical expenses the enrollee is required to pay, in excess of any *deductible*.

Copayment: A flat fee that an enrollee is required to pay each time a specified service is rendered.

Credentialing: A process of review to include and maintain a *provider* as a *participating provider* in the *MCO's* network.

Deductible: The portion of eligible medical expenses in a calendar year that an enrollee must pay before any benefits are paid.

Drug formulary: A listing of prescription drugs that are preferred for use by the *MCO*. The physician is requested or required to prescribe formulary drugs unless there is a valid medical reason to use a nonformulary drug. There may be higher cost sharing for nonformulary drugs.

Emergency medical treatment: Treatment for a condition a prudent layperson reasonably believes requires immediate medical attention. Coverage is based on either the presenting symptoms or the final diagnosis, whichever reasonably indicates an emergency medical condition.

Employee Retirement Income Security Act of 1974 (ERISA): Federal law that sets regulatory standards for employer plans.

Fee for service: A *provider* payment method in which a *MCO* pays a fee for each service provided.

Fully insured plan: A plan that is backed by an insurance policy that provides benefits for a premium.

Gatekeeper plan: A plan that requires an enrollee to first seek treatment from a chosen *primary care physician* before seeing a specialist. The *primary care physician* must make referrals to specialists for the services to be covered under the plan.

Health maintenance organization (HMO): A company that provides, offers or arranges for coverage of health services needed by plan members for a fixed, prepaid premium. In Connecticut, such organizations are licensed as health care centers.

Indemnity MCO: A licensed non-HMO insurer that offers a managed care plan in Connecticut.

Indemnity plan: An insurance plan in which the enrollee is reimbursed at a specified level for covered expenses.

Individual practice association (IPA): An association of physicians that contracts with a *MCO* to provide health services.

Managed care: A system of health care delivery that attempts to manage the access, cost and quality of health care by monitoring how and in what manner services are provided.

Managed care organization (MCO): An insurer, health care center, hospital or other organization delivering a *managed care plan*.

Managed care plan: An insured health plan that uses *UR* and a network of *participating providers*.

Mandated benefit: Policy benefits that are required to be provided by statute.

Medical loss ratio: The ratio of incurred claims to earned premium, which represents the percent of the premium that is applied to medical expenses.

NCQA accreditation: National Committee on Quality Assurance is a not for profit organization that reviews quality and performance measures of *HMOs*, thereby providing an external standard of accountability.

Network plan: A plan that requires an enrollee to seek care from a *provider* who is under contract with the *MCO* to receive the highest level of benefits. This would also include a plan that provides additional coverage for services by *providers* outside the network. The out of network option generally provides coverage at a lower level of benefits.

Participating provider: A provider who has a contract with the *MCO* to deliver medical services to enrollees for an agreed upon fee.

Point of service plan (POS): A network plan that allows an enrollee to seek treatment from a non-participating provider at a lower level of benefits.

Preferred provider organization (PPO): An independent network of *providers* that contracts with a *MCO* to provide health services. A PPO cannot market insured health insurance policies on its own unless it obtains a license as an insurer or health care center.

Preferred provider organization plan: A network plan that allows an enrollee to seek treatment from a non-participating provider at a lower level of benefits.

Primary care physician (PCP): A physician chosen by an enrollee to provide primary care. The plan may require the PCP to make referrals to specialists for the services to be covered under the plan.

Preauthorization: The process whereby the *MCO* requires services or plans of treatment to be approved before given.

Precertification: The process whereby the *MCO* requires services or plans of treatment to be approved before given.

Prior authorization: The process whereby the *MCO* requires services or plans of treatment to be approved before given.

Provider: A physician, hospital, nursing home, pharmacy, lab or any individual or group that provides a health care service.

Reasonable and customary fee: The commonly charged or prevailing fees for health services in a specific geographic area. *Indemnity plans* generally provide coverage for services based on the reasonable and customary fees. In addition to any *deductible* or *coinsurance* amount, an enrollee would be responsible for paying the *provider* the difference between the billed charge and the reasonable and customary charge if the billed charge was higher.

Referral: The request to the *MCO* by a *primary care physician* for an enrollee to receive care from a specialist, a non-participating provider or facility.

Self insured plan: A group plan in which the employer takes on the risk of claims. The employer will generally contract with a third party, often an insurance company, to handle the administration of the plan. Such plans are not regulated by the Insurance Department, but are subject to federal *ERISA* guidelines.

Utilization review (UR): The prospective or concurrent assessment of the necessity and appropriateness of health care services and treatment plans. Requests for clarification of covered services under an insurance policy are not considered *UR*.

Utilization review company (URC): A company, organization or other entity licensed in Connecticut to perform *UR*. Agencies of the federal and state government are not considered *URC* under Connecticut General Statutes.

Additional licensed companies that offer a managed care plan in Connecticut but were not included in this guide. The same information found in this guide is available directly from the companies or at the offices of the Insurance Department.

Alta Health & Life Insurance Company
8505 E. Orchard Road
Greenwood Village, CO 80111
1-800-663-8081

New England Life Insurance Company
501 Boylston Street
Boston, MA 02116-3700
1-800-654-1731

ConnectiCare Insurance Company, Inc.
30 Batterson Park Road
Farmington, CT 06032
1-800-251-7722

Trustmark Insurance Company
400 Field Drive
Lake Forest, IL 60045
1-800-544-7312

Fortis Benefits Insurance Company
501 West Michigan
Milwaukee, WI 53203
1-800-800-1212

United States Life Insurance Company
3600 Route 66
Neptune, NJ 07753
1-800-346-7692

Some companies may be servicing existing business and not currently issuing new business.

Managed Care Plan Comparison Worksheet

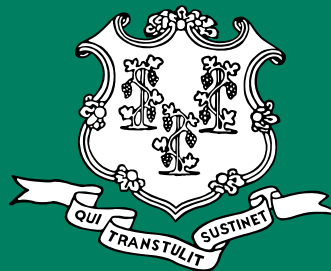
In addition to this guide, you will need provider directories, premium or contribution rates and schedules of benefits for each plan you are considering.

	Option 1	Option 2	Option 3	Option 4	Option 5
MCO Name					
Plan's network includes my current physician					
Plan's network includes the hospital that I prefer					
Plan is a "gatekeeper" plan					
Physician Office Visit Copayment					
Specialist Physician Office Visit Copayment					
Emergency Care Copayment					
Urgent Care Copayment					
Inpatient Per Confinement Copayment					
Outpatient Surgical Facility Copayment					
Family Planning Coverage Included					
Prescription Drug Coverage Included					
Brand Name/Generic Copayment					
Hospice Care Coverage Included					
Physical Therapy Coverage Included					
Level of Durable Medical Equipment Included					
Routine Eye Exam Coverage Included					
Routine Hearing Exam Coverage Included					
Organ and Tissue Transplant Coverage Included					
Benefit features meet my needs <i>(Review Plan Benefits)</i>					
If Out of Network Coverage Included					
Deductible — Individual /Family					
Coinsurance					
Lifetime Maximum Benefit					

The worksheet does not include mandated benefits, since they must be included in all *managed care plans* issued in Connecticut.

Where to Find Help or Additional Information

AGENCY	TYPE OF COMPLAINT OR INQUIRY	ADDRESS	TELEPHONE NUMBER(S)	WEBSITE
Insurance Department Consumer Affairs Division	Insurance policies, companies, producers and external appeals	Mail Address: P.O. Box 816 Hartford, CT 06142-0816 Street Address: 153 Market Street Hartford, CT 06103	(800) 203-3447 (toll free) (860) 297-3900	http://www.ct.gov/cid
Office of Managed Care Ombudsman	Managed care problems or questions	Mail Address: P.O. Box 1543 Hartford, CT 06144 Street Address: 153 Market Street Hartford, CT 06103	(866) HMO-4446 (toll free)	http://www.omc.state.ct.us
Department of Public Health	Providers	410 Capitol Avenue Hartford, CT 06134	(800) 842-0038 (toll free)	http://www.dph.state.ct.us
Office of Health Care Access	Medical Facilities Provider Networks	410 Capitol Avenue Hartford, CT 06134	(800) 797-9688 (toll free)	http://www.ohca.state.ct.us
U.S. Department of Labor	Employer self funded or self insured health plans	Pension & Welfare Benefits Bowdoin Square, 7th floor Boston, MA 02114	(617) 565-9600	http://www.dol.gov
National Committee for Quality Assurance (NCQA)	Quality Measures		(800) 839-6487 (toll free) (888) 275-7585 (toll free)	http://www.ncqa.org



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

www.ct.gov/cid
1-800-203-3447